

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	3/2/05
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final	
Original	3/2/05
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final	
Original	3/2/05
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Claim		D	A	T	E			
	3/5/105							
151	+							
152	+							
153	+							
154	+							
155	+							
156	+							
157	+							
158	+							
159	+							
160	+							
161	+							
162	+							
163	+							
164	+							
165	+							
166	+							
167	+							
168	+							
169	+							
170	+							
171	+							
172	+							
173	+							
174	+							
175	+							
176	+							
177	+							
178	+							
179	+							
180	+							
181	+							
182	+							
183								
184								
185								
186								
187								
188								
189	+							
190	+							
191	+							
192	+							
193								
194	+							
195	+							
196	+							
197	+							
198	+							
199	+							
200								

Claim		D	A	T	E			
	3/6/105							
201								
202								
203								
204								
205								
206								
207								
208								
209								
210								
211								
212								
213								
214								
215								
216								
217								
218								
219								
220								
221								
222								
223								
224								
225								
226								
227								
228								
229								
230								
231								
232								
233								
234								
235								
236								
237								
238								
239								
240								
241								
242								
243								
244								
245								
246								
247	+							
248	+							
249								
250								

Claim		D	A	T	E			
251								
252								
253								
254								
255								
256								
257								
258								
259								
260								
261								
262								
263								
264								
265								
266								
267								
268								
269								
270								
271								
272								
273								
274								
275								
276								
277								
278								
279								
280								
281								
282								
283								
284								
285								
286								
287								
288								
289								
290								
291								
292								
293								
294								
295								
296								
297								
298								
299								
300								